

5/023/0069
7003

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature</p> <p>X RECEIVED</p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>DAVID ADAMS 12363 W GRANT ST AVONDALE AZ 85323</p>		<p>B. Received by (Printed Name)</p> <p>OCT 09 2009</p>	<p>C. Date of Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>PB 10/6/09 50230069</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes YES, other delivery address below: <input type="checkbox"/> No</p> <p>UT. ST. MAIL</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>PS Form 3811, February 2004</p>		<p>Domestic Return Receipt</p>	
<p>7003 2260 0002 0247 8652</p>		<p>102595-02-M-1540</p>	

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DIVISION OF OIL GAS & MINING
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